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# TRAINING MANUAL FOR DRIVERS OF THE DISABLED IN

# Alberta

MODULE 1

## Background







## ACKNOWLEDGMENTS

This manual has been prepared by Alberta Transportation for use in training drivers of the disabled. We would like to acknowledge the efforts of other groups and agencies that aided in providing the background information for this manual.

We are indebted to: Edmonton D.A.T.S., Edmonton Handi-Bus Association, Calgary Handi-Bus Association, Members of the D.A.T.S. Advisory Council and Lethbridge Handi-Bus Association.

Special thanks are due to the Continuing Education Department of Grant MacEwan Community College for allowing us to use their information, time and staff in the preparation of this training manual.

The first part of the report is devoted to a description of the work done during the last year. It is divided into two main sections: the first section deals with the work done in the laboratory, and the second section deals with the work done in the field.

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The information included in this manual is designed to be useful for both experienced and inexperienced drivers alike. The modules are in an order that would be most helpful to a new driver but may be changed to accommodate drivers with more experience or special problems within an organization. In other words, if maintenance provides special problems, that module (module 2) may be assigned first; if collisions are too common, perhaps module 5 would be the place to start.

As with any information, it must be put into practice to be of use. **Read it, understand it, think about it, use it.**



## TRANSPORTING THE DISABLED

### **INTRODUCTION**

It has been well documented that a good driver requires knowledge, skill, experience and a positive attitude. If any one of these elements is lacking, so is the driver's ability to negotiate safely through traffic. Each type of driving situation requires a change in driving habits to properly adjust to it. One of the greatest adjustments will be to the needs and concerns of disabled people. Special knowledge, special skills and an adjustment in driving attitude are all required to be effective in this role.

In most cases, the vehicle used for this type of transportation will be unique and new skills will be required to operate it effectively. As a driver, you will have to be especially aware of your passengers and their different needs. Not only must you consider normal traffic and road conditions, but the disabled passenger must also receive added attention as well. The type of disability and its affect on an individual will make it important to acquire knowledge related to handling the disabled and may make a change in basic driving habits necessary.

The purpose of this training manual is to provide the knowledge required to be a safe and effective driver for this special type of passenger. With this knowledge, the safety of all concerned will be improved. The manual contains 6 modules, each independent of the other, and is designed for study at home or classroom situations.





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## MODULE 1

### **BACKGROUND**

#### **INTRODUCTION**

Before involving yourself directly as a driver for the disabled, it is helpful to know what types of disabilities you may be dealing with and how the individuals are affected by them. It is also helpful to be aware of potential prejudices you may harbour toward these people and some they may display toward you. Knowledge of this nature will help you understand your passengers better and provide you with the ability to improve your relations with them.

#### **Disabilities**

The following is a list of disabilities which may cause "special" transportation problems. The list is by no means comprehensive but is designed to provide a brief description of the disability and also some insight into the special handling techniques which may be required. It is important to remember that each individual will be affected differently. Simply knowing the types of disability a person has will not automatically tell you what he/she can or cannot do. When dealing with a person who is new to you always ask, "How may I help you?"

#### **Multiple Sclerosis (M.S.)**

M.S. is a disease of unknown cause which consists of abnormalities in one or many parts of the brain or spinal cord. Characteristically, there are episodes of disability followed by improvement to a variable level and the possibility of repeated periods of disability in the future. Severe cases lead to progressive paralysis, lack of coordination and a variety of other symptoms.

Common disabilities include visual impairment, weakness or loss of control of one or more limbs, clumsiness, speech abnormalities.

Supervision and only when necessary, assistance in navigating would be important. Intelligence is not affected, and for those with speech problems, patience is important.

### **Cerebral Palsy**

This is a term applied to a group of conditions that affect movement. They are present from birth or soon after, and are not progressive. Again, any or all features may be present in any one person at any level of severity, but once present, the condition is relatively static.

Common characteristics are paralysis, rigidity, involuntary movements, speech impairment and lack of coordination. Assistance may be required in navigating.

### **Rheumatoid Arthritis**

This is a generalized disease with the most conspicuous feature being joint inflammations. Some cases develop rapidly with pain, general ill health, limitation of movement and fatigue. Knees, elbows and hands are more consistently affected, although any joint could be involved.

A firm grip of the hand or a rough ride may be excruciating. If assistance is necessary, grasp the person by holding the middle of the forearm or upper arm.

### **Muscular Dystrophy**

The term covers a group of conditions causing progressive weakness in the muscles themselves. The large muscles around the shoulders and hips and muscles of the trunk are involved first and to a greater degree.

The disabilities are all related to lack of strength. Assistance may be required for putting on coats and moving about, particularly on inclines. Sudden stops, starts and turns may cause injury to the neck or loss of balance.

### **Poliomyelitis (Polio)**

This is a viral infection which produces disability by its invasion of the central nervous system. Although some discomfort occurs at the onset of the disease, cases now seen involve residual paralysis. The area of paralysis depends on the part of the nervous system involved - most commonly, the lower spinal cord and lower limbs are affected. Sometimes the muscles for breathing and the upper limbs are affected.

Assistance in moving or balancing may be required and different positioning to ease the problem of breathing may be necessary.



### **Spinal Cord Injuries**

These may occur alone or in association with a fracture or dislocation of vertebrae. Nerve tissue may be sheared or bruised, resulting in paralysis and often, loss of sensation.

Involvement of more than two limbs is referred to as **quadriplegia**, one side **hemiplegia** and the lower limbs **paraplegia**.

Neck or back braces indicate instability, and a smooth ride is desirable. Balance can easily be thrown off and injuries including fractures may occur without the patient's knowledge.

### **Cardiac and Respiratory Diseases**

In both of these situations, shortness of breath would probably be the reason for this type of travel. The symptom is aggravated by exertion and the individuals must move slowly. Chest pain may occur. These passengers frequently carry medications for relief of symptoms and know how to use them.

Smoke and dust may complicate the problems. If unexpected severe and persistent problems arise, obtain medical assistance.

### **Strokes**

This is a lay-term describing disability caused by difficulty with circulation in an area of the brain. Paralysis is the most obvious result but often, difficulty in speaking is also present.

Weakness, rather than complete paralysis is frequent. It is generally difficult to tell by looking at these people how much they are able to do for themselves.

### **Mental Retardation**

This label is fairly obvious but all levels of severity exist. As well, there may be associated disabilities or behavioural problems.

In the latter case, a seat away from the driver is advised, but it is difficult to generalize.

### **Parkinson's Syndrome**

Persons so affected have an uncontrollable trembling, reduced muscular power and tend to bend forward. Intelligence is not affected. Movements are stiff and slow. The person will tend to shuffle when walking and may give the appearance of trying to catch up with himself.

Patience is required.

### **Diabetes**

Most persons with diabetes appear to be healthy, but their food, exercise level and insulin must be balanced.

At times of adjustment in their routine, they may be subject to confusion or loss of consciousness or appear "intoxicated". Such persons often carry juice which they drink if they feel such symptoms coming on, but if the onset is rapid, they may need assistance.

Frequently, persons travelling on vehicles for the disabled may have complications such as blindness, problems with or loss of lower limbs, etc.

### **Leukemia**

This is cancer of the blood. Symptoms include weakness, bleeding tendency and susceptibility to infection.

Placement in the vehicle should be in a well padded location, well away from anyone with a cough, etc. These persons may also have side-effects from therapy, such as nausea and vomiting.

### **Epilepsy**

Again, an epileptic shows no apparent inability, but at times, when medication is being adjusted, seizures may occur. These may vary from momentary staring to a generalized convulsion with loss of consciousness.

The main principle of providing assistance is to avoid having the person strike objects during a seizure while limiting attempts to restrain them. If possible, turn the person on his/her side to allow saliva to drain away. If the seizure continues, immediate medical attention is required.

### **Deafness**

Remember to face these people when speaking; speak slowly and clearly.

### **Blindness**

Remember to give all posted directions verbally and prepare to assist when needed. Identify yourself, ask what help is required, allow them to grasp your arm. Describe the terrain, e.g. "There are three steps ahead"; "There is an empty seat 4 steps down on the right", etc.

### **Post-Operative Patients**

These people will be experiencing some pain and weakness. Jarring will cause them discomfort.

### **Age**

This is not an illness and should not be considered as one; however, for other reasons many of the elderly are eligible for this form of transportation.

Older people often have difficulty focusing on steps and uneven surfaces. They have an increased potential for falls and fractures and should not be rushed.

### **Driver and Passenger Attitudes**

These various disabilities further manifest themselves in the form of attitudes.

Non-disabled people often may have certain preconceived opinions about drivers. It may be useful to be aware of some of these more common opinions since these attitudes may greatly influence your effectiveness as a driver of the disabled, and they are so subtle that you may be unaware of their existence. Are you surprised, for example, when you hear that a disabled person has a productive or well paying job? Can you think of some other common myths concerning the disabled? Try to write down five of them before reading further.



## **Common Myths Surrounding the Disabled**

The following are 10 attitudes which the disabled often mentioned as being prevalent amongst the non-disabled population.

1. Doing something for an individual when you know they can and would rather do it for themselves. This is often done to save time but reduces an already strained feeling of independence and self-worth.
2. Answering or talking for individuals or talking down to them as if they were children. Because individuals are unable to do many things, the assumption is often made that they are retarded or are unable to understand common situations, so we speak for them or treat them as being mentally deficient.
3. Handling persons in wheel chairs, without first telling them what is happening and who you are. Because you are aware of what must be done and can readily see what is going on, it is assumed that disabled persons are also aware. Often they are not, and because they look forward, they can easily be surprised by sudden movements or actions.
4. Doing something without asking if it's O.K. or if there is a preferable way to do it. Often, elements of a job become routine and we go about doing them without much thought. Each disability is different and each person unique. Until you know what is best or how it is best done, remember to ask the other person involved.
5. Assuming the person's most interesting characteristic is his/her disability. Disabilities are often the most obvious characteristic of a person and often become the sole topic of conversation without much consideration for other, more normal features the person may have.
6. Assuming that the disabled person is an unproductive member of our society. Because of physical limitations, it is often felt that the disabled cannot hold meaningful positions at work when in fact many do work and lead otherwise productive lives.

7. Assuming that the disabled do not have the same wants and needs as the non-disabled. A physical disability does not mean that there are also emotional differences. The disabled have the same basic needs as everyone else.
8. Asking a disabled individual's companion for information rather than the disabled person. It is common to overlook the disabled and ask questions of others, as if the disabled are not present. This can reinforce a feeling of low self-esteem.
9. Gossiping about the disabled. As a driver, you will learn a lot of personal information about your passenger, and you will also hear other passengers exchanging gossip. It is important to resist the temptation to participate or pass along information you know.
10. Making your help obvious to all around. It is common for the non-disabled to want to help and sometimes to pat themselves on the back by showing everyone within sight how good they are. A disabled person is obvious enough and attracts enough attention without being subject to additional stares caused by an over-zealous assistant.

These are only some of the problems that you, as a driver, can create for the disabled, and the barriers caused by these actions and attitudes can have a lasting effect on your relationship with them. You should be aware of the existence of any such tendencies and take the necessary precautions to eliminate them.

## **Common Problems in Dealing with the Disabled**

Just as you may have certain preconceived ideas about the disabled, it is reasonable to assume that some of your passengers may have similar ones about you. Being aware of them can help you maintain a higher level of service and safety. Stop now and consider five attitudes that your disabled passengers may display, and the reasons for them.

The disabled are no different from anyone else in that their opinions, to a great extent, are shaped by past experience and their present situation. The way they have been treated by others (in particular, other drivers) will have an influence on their opinions of you. Similarly, your treatment will reflect upon the next driver. Keep that in mind if any of your patrons display these behaviours:

1. Being obnoxious and difficult to please. The individuals may react to their disability by developing a chip on their shoulder or the idea that society owes them something. These people may be more difficult to deal with but failing to maintain a pleasant attitude toward them will only add fuel to the fire.
2. Using their disability to gain sympathy. Some passengers may expect "special treatment" because of their disability. Providing it may cause difficulty for you and other drivers on future trips.
3. Assuming you know everything there is to know about them. Some may feel that since you are a driver, you are familiar with their situation. They may not tell you why things have to be done a certain way.
4. Ridiculing your ignorance but not enlightening you. As with #3 above, if there is the assumption that you are knowledgeable, and if you make an error, there may be a tendency to make fun of your intelligence. Be careful not to fall into the trap of reacting angrily.
5. Placing the blame on you when the fault lies with the disabled individual. Sometimes, you may receive the blame for something when, in fact, you had acted properly. Again, entering into an argument will only cause additional problems and may even lead to a more justifiable complaint against you.



6. Treating people as servants. Particularly because your job involves helping the disabled, you may run across some who will treat you with little respect or appreciation. Continuing to do your job in a professional manner may improve the situation over time.
7. Being reluctant to ask for things they need. Some people, whether through shyness or bad experiences, will not speak up. They may be very uncomfortable, cold, or have some difficulty, but will not tell you. This necessitates the need to observe your passengers and ask if they have any problems.

## **General Comments**

Unlike being a driver for the general public, your job as a driver of the disabled will require you to use special skills in communicating, handling and driving. It is important to overcome any preconceptions you may have and to understand the feelings the disabled have toward you and the reasons for them. The disabled require more physical handling than other passengers. Driving patterns must be changed to include consideration for your passengers. Starts and stops must be smooth to eliminate the discomfort caused by jerky movements. Wherever possible, bumps must be avoided so as to not increase the pain created by the pounding. Where it cannot be avoided it must be dealt with carefully and slowly. Cornering should be done as slowly and as smoothly as possible in order to minimize the feeling of loss of balance created by sudden movements. Since, in many cases, your passengers cannot look out for themselves, it will be your responsibility to consider their needs in light of their individual disability. Where they are located in the bus, how they are secured, and how the vehicle is driven are all important considerations which will be dealt with in more detail in other modules.

## REVIEW QUESTIONS

### Module 1

1. When helping a passenger who has rheumatoid arthritis, what are the important things to remember? Why?

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2. How should you deal with a passenger who is suffering from an epileptic seizure?

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3. List five of the common attitudes which the non-disabled display toward the disabled.

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3. 

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4. 

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5. 

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4. What effects can these attitudes have upon the disabled and your relationship with them?

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5. List four of the attitudes that your passengers may display toward you. How would you deal with them?

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2. \_\_\_\_\_  
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3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
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## NOTES





This material was prepared by Alberta Transportation for use by drivers who are involved in the transportation of the disabled.

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Private citizens can place long distance calls free of charge - Dial 0 and ask the A.G.T. Operator for Zenith 2-2333. This will connect you to the closest R.I.T.E. Centre.